MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

62492 25
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (In this place) 1 mo. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee
STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print): (First) Kathleen (Middle) (Last) Adams
4. DATE OF DEATH: (Month) 3/13/52 (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	colored	single	unknown	22(?) yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): not known
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: not known
14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: [illegible]
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Hemorrhagic Nephritis — known since 3/5/52

590 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Imbecile — known since 2/10/52

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none m.		none

22. I hereby certify that I attended the deceased from 2/10/52, 19..., to 3/13/52 19..., that I last saw the deceased alive on 3/13/52, 19..., and that death occurred at 10:05 P.M. m., from the causes and on the date stated above.

SIGNATURE: Earl Marquardt (Degree or title) M.D. ADDRESS: Crownsville, Md. DATE SIGNED: 3/14/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Mar 17, 1952	St. Georges	Valley Lee Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-18-52	K M Jones	Jos. C. Mattingley	Leonardtown Md

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MAR 2
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 92493

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 705 Allendale St

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) (Last) AMMER

4. DATE OF DEATH: (Month) Mar (Day) 15 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 10. 1867
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Sea food Co
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Ammer
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Clarence L. Ammer 601 Cathedral St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary Edema	12 hrs.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic Heart Disease	?
	DUE TO (c) Senility	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1952, to 3/15, 1952, that I last saw the deceased alive on 3/15, 1952, and that death occurred at 10.10 P.m., from the causes and on the date stated above.

SIGNATURE Maurice Klawans MD (DEGREE OR TITLE) ADDRESS Annapolis, Md DATE SIGNED 3/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar 18 1952
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. 3/17/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John F. Teufel ADDRESS 5311 Edmondson Ave

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

62494

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Dean Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 9 Dean Street

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Isabelle (Last) Anderson

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 13, 1856

9. AGE last birthday: 95 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Wates Anderson

14. MOTHER'S MAIDEN NAME: Elizabeth Rebecca Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Frank France - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 2 days

491 × Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic - Cardio - Vascular

(c) Senile — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952 to March 8, 1952, that I last saw the deceased alive on March 7, 1952, and that death occurred at 12:40 P m., from the causes and on the date stated above.

SIGNATURE: Albert Anderson M.D. (Degree or title) ADDRESS: Annapolis, Md. DATE SIGNED: 3/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: 3-11-1952 NAME OF CEMETERY OR CREMATORY: St. Anne's LOCATION (City, town, or county): Annapolis (State): Md.

DATE REC'D BY LOCAL REG.: March 11, 1952 REGISTRAR'S SIGNATURE: [signature] 24. FUNERAL DIRECTOR: John H. Taylor & Son ADDRESS: Annapolis, Md

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MAR 12 1952
BUREAU V. I.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information [redacted]fully. The correct age is [redacted]pecially important. Physicians: pl[redacted] write the causes of death clearly and legibly.

I

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02495

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY ARGELNATON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
LENGTH OF STAY (in this place) 30 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY A.A.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - GLENBURNIE MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) META (Middle) — (Last) BARLOW

4. DATE OF DEATH (Month) MAR. (Day) 8 (Year) 1952

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)

8. DATE OF BIRTH MAY-18-1883

9. AGE last birthday 69 yrs. If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME HERMAN MILLER

14. MOTHER'S MAIDEN NAME MATILDA DORFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS FREDERICK A. BARLOW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease

(c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1952, to 3-5, 1952, that I last saw the deceased alive on 3-5, 1952 and that death occurred at 7 25 A.m., from the causes and on the date stated above.

SIGNATURE Charles R. MacDonald (Degree or title) MD. ADDRESS Glenburnie, Md DATE SIGNED 3-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF March 11-52 NAME OF CEMETERY OR CREMATORY Glen Haven LOCATION (City, town, or county) (State) Ritchie Highway AA Md

DATE REC'D BY LOCAL REG. 3/10/52 REGISTRAR'S SIGNATURE L. J. DeAlba

24. FUNERAL DIRECTOR Bernard A Fink ADDRESS 417 Crain Highway Glen Burnie Md

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MAR 11 1952
BUREAU VV.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

62496 Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2101-1 U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE West Virginia — COUNTY Kanawha
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charleston
STREET ADDRESS (If rural, give location) #1 Walton Apts., Maple Terrace

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earle	LeRoy	Bathurst Jr.	March	11,	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	2 Sept. 1924	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier	U. S. Army	Pennsylvania	USA

13. FATHER'S NAME: Earle Leroy Bathurst

14. MOTHER'S MAIDEN NAME: Alice Maltby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 1947 - 1952

16. SOCIAL SECURITY NO. –

17. INFORMANT AND ADDRESS: Personnel Records, Ft. Geo. G. Meade, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis.

1784 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of testicle. (Surgically removed 1950)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
–	–	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
–		–		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
–			m.		–

22. I hereby certify that I attended the deceased from 7 Jan., 1952, to 11 March, 1952, that I last saw the deceased alive on 11 March, 1952, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

SIGNATURE W. L. CAHALL, Jr. 1/Lt MC (Degree or title) — ADDRESS Ft. Meade Army Hospital — DATE SIGNED 11 March 52

W. L. Cahall Jr. 1st Lt MC

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12 Mar 52	West Point Military Cem.	West Point, New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12 Mar 52	ARTHUR J. COMPOSH, Capt. MSC	Earl B. Wolverton Inc.	Baltimore, Md.

RECEIVED
MAR 17 1952
BUREAU V. S.

Item 18 Film G140 4-4-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 229 E. Doris Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Park
STREET ADDRESS (If rural, give location): 229 E. Doris Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Anne T. Beckmann
4. DATE OF DEATH (Month) (Day) (Year): 3 - 20 - 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married
8. DATE OF BIRTH: 2/24/1902
9. AGE last birthday: 50 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Brauer
14. MOTHER'S MAIDEN NAME: Ann Serbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NS
16. SOCIAL SECURITY NO.: ---
17. INFORMANT AND ADDRESS: 229 Doris Ave, Philip L Beckman Brooklyn Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Generalized Carcinomatosis	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Primary site: Left Breast [illegible]	
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1947, to March 20, 1952, that I last saw the deceased alive on March 19, 1952, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE: P. J. Grimaldi, M.D. (Degree or title) ADDRESS: 4609 Gov. Pikes Hwy DATE SIGNED: 3-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/24/52
NAME OF CEMETERY OR CREMATORY: Holy Redeemer
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 3/4/52
REGISTRAR'S SIGNATURE: A.W. Redmond
24. FUNERAL DIRECTOR: Wm. Cook Inc. 217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2408

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel County MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS MMC, Jessups, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson

STREET ADDRESS (If rural, give location) 412 Virginia Ave.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) NMI (Last) Best

4. DATE OF DEATH (Month) March (Day) 9th. (Year) 1952

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 25, 1896

9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber

10b. KIND OF BUSINESS OR INDUSTRY Barber

11. BIRTHPLACE (State or foreign country) Goldsboro, N.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Not known

14. MOTHER'S MAIDEN NAME Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. - - - - -

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Edema of Lungs subsequent to

491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho-pneumonia

(c) Cardio-vascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 28, 1952, to March 9, 1952, that I last saw the deceased alive on March 9, 1952, and that death occurred at 11:00p m., from the causes and on the date stated above.

SIGNATURE John A. Clark (Degree or title) ADDRESS DATE SIGNED

Physician in charge Md. House of Correction

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF March 1952 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) Towson (State) Md

DATE REC'D BY LOCAL REG. Mar 10-52 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible] ADDRESS 1129 N. Charles St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
MAR
BUREAU V. S.

Dr. Faye Allen

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchton Md.; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Church Md. COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Isaac	Blunt	March 26 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	colored	Widow	1887	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House work		Churchton Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nathaniel Jenson	Sarah? (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Lina Blunt, Churchton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Hypertensive Cardiovascular dis	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertension	
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-13, 1952 to 3-27, 1952, that I last saw the deceased alive on 3-26, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Faye W Allen | ADDRESS 10 Carroll | DATE SIGNED 3-27-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 30, 1952	Franklin Cemetery	A. A. Co. Churchton Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 28, 1952	D. B. Dent	D. B. Johnson	Annapolis, Md

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APR 7 1952
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0250

Reg. Dist. No. .. 21

1. PLACE OF DEATH: COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; MARYLAND LENGTH OF STAY (in this place): 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eastport; STREET ADDRESS (If rural, give location): 423 Fourth Street

3. NAME OF DECEASED (Type or Print): First: Ernest; (Middle): Edwin; (Last): BROOKS

4. DATE OF DEATH: (Month): MAR; (Day): 30; (Year): 1952

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: MAR 9 1888

9. AGE last birthday: 64 yrs; If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Navy

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles Edwin BROOKS

14. MOTHER'S MAIDEN NAME: Clara A. MC CASLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes; (If yes, give war or dates of service): WW I & II

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ARTERIOSCLEROTIC HEART DISEASE N420	5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERAL ARTERIOSCLEROSIS N450	15 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. EMPHYSEMA, PULMONARY, ADVANCED N527.1 — 3 years

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION: - - -

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): - - -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): - - -

(CITY OR TOWN) (COUNTY) (STATE): - - -

TIME OF INJURY (Month) (Day) (Year) (Hour): - - - m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from MAR. 29 , 1952, to MAR. 30 , 1952, that I last saw the deceased alive on MAR 30 , 1952, and that death occurred at 5:50 a.m., from the causes and on the date stated above.

SIGNATURE: E. C. Moore

(Degree or title): E. C. MOORE, LT MC USNR

ADDRESS: U. S. NAVAL HOSPITAL, ANNAPOLIS, MD.

DATE SIGNED: 3-31-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-3-52

NAME OF CEMETERY OR CREMATORY: Arlington National Cemet.

LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: April 1, 1952

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: B.L. Hopping and Son

ADDRESS: Annapolis, Md.

VS. M5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Ann Arundel Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Adams Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md.
STREET ADDRESS (If rural, give location) 4 Adam Drive

3. NAME OF DECEASED (Type or Print) (First) William (Middle) W. (Last) Brooks

4. DATE OF DEATH (Month) Mar. (Day) 13 (Year) 1952

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 1859
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Share Cropper
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Brooks
14. MOTHER'S MAIDEN NAME Martha Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Wm. Brooks 4 Adam Drive Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-Sclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to March 15, 1952, that I last saw the deceased alive on March 15, 1952, and that death occurred at 6 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. L. Richardson, Mgr. ADDRESS 110 - Clay Street Annapolis Md. DATE SIGNED 3/15/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 16, 1952
NAME OF CEMETERY OR CREMATORY Bremer Hill Cemetery
LOCATION (City, town, or county) Annapolis (State) Maryland

DATE REC'D BY LOCAL REG. March 15, 1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Wm. Reese Mortimer, 108 W. Wash. St. Annapolis, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Park
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 101 7th. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Park
STREET ADDRESS (If rural, give location): 101 7th. Ave.

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) A. (Last) Burkmar

4. DATE OF DEATH (Month) (Day) (Year): March 20 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Nov. 7, 1869

9. AGE Last birthday: 82 yrs. If under 1 year Months / Days; If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: ----------

11. BIRTHPLACE State or foreign country: Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Sylvester Potitt

14. MOTHER'S MAIDEN NAME: Anna Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Wm. Gallion, 101 7th. Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Heart Disease	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerosis	----
	(c)	Senility	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1952 to March 20, 1952, that I last saw the deceased alive on March 20, 1952, and that death occurred at 7 m, from the causes and on the date stated above.

SIGNATURE (Degree or title): Isaac Miller M.D. ADDRESS: 1226 N. Charles St. Balto. 30 Md. DATE SIGNED: 3/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Mar. 24, 1952

NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery

LOCATION (City, town, or county) (State): Taylor Ave. Balto. Co., Md.

DATE REC'D BY LOCAL REG.: March 22 1952

REGISTRAR'S SIGNATURE: R. W.

24. FUNERAL DIRECTOR: Gonce and Lyons, 4001 Gov. Ritchie Hgwy.

ADDRESS: George J. Gonce

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2503

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville | LENGTH OF STAY (in this place) 3 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore

STREET ADDRESS (If rural, give location) not known

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) (Last) Coale

4. DATE OF DEATH: (Month) (Day) (Year) 3/11/52 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed

8. DATE OF BIRTH: 1863

9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME. Eliz. Ashton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of [redacted])

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis known since 12/11/51

422 a

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis " "

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) none (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 12/11/51 19....., to 3/11/52 19....., that I last saw the deceased alive on 3/11/52 19....., and that death occurred at 2: P.M. m., from the causes and on the date stated above.

SIGNATURE [signature] DEGREE OR TITLE ADDRESS Crownsville, Md. DATE SIGNED 3/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 3-17-52 NAME OF CEMETERY OR CREMATORY Mt. Calvern LOCATION (City, town, or county) Ratto (State) Md.

DATE REC'D BY LOCAL REG. 3/17/52 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR Mr. Frances A. Hensley ADDRESS Biddle St.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVE [redacted] B[redacted]ING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Crownsville (Anne Arundel County) MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital	STREET ADDRESS (If rural, give location) not known ✓

3. NAME OF DECEASED (Type or Print)	(First) Paul	(Middle) J.	(Last) Cooper	4. DATE OF DEATH	(Month) 3/27/52 (Day) (Year) 19
5. SEX male	6. COLOR OR RACE negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH not known	9. AGE last birthday 60(?) yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) not known	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) South Carolina	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME not known	14. MOTHER'S MAIDEN NAME not known				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~(If yes, give war or dates of service)~~	16. SOCIAL SECURITY No. *****	17. INFORMANT AND ADDRESS Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Paresis known since 2/22/52

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 2/22/52, 19 , to 3/27/52, 19 , that I last saw the deceased alive on 3/27/52 , 19 , and that death occurred at 12:05 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jacob Monguster M.D.		Crownsville, Md.	3/27/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Shipped	March 29, 52	Daytona Beach Fla	Daytona Beach Fla.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 29, 1952	R. W.	Mrs Katie R. Williams	Schroeder Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston, Maryland
STREET ADDRESS (If rural, give location) not known

3. NAME OF DECEASED (Type or Print) (First) Louis (Middle) (Last) Coursey
4. DATE OF DEATH (Month) 3/3/52 (Day) (Year) 19

5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH not known
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Coursey
14. MOTHER'S MAIDEN NAME not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Arteriosclerosis known since 2/25/52

306 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis " "

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) none (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 2/25/52, 19 , to 3/3/52, 19 , that I last saw the deceased alive on 3/3/52, 19 , and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE Jacob Morgenstern M.D. (Degree or title) Crownsville, Md. DATE SIGNED 3/3/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/8/52
NAME OF CEMETERY OR CREMATORY Jonestown Cemetery
LOCATION (City, town, or county) (State) Near Preston, Md.

DATE REC'D BY LOCAL REG. March 5, 1952
REGISTRAR'S SIGNATURE R. M. Joyce CMR
24. FUNERAL DIRECTOR J. J. Frampton Sun Federalsburg Md.
ADDRESS

3-2-52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians' please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH: 1902 Norman Rd
COUNTY: Harandale, A.A.Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
LENGTH OF STAY (in this place): 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md A.A.Co. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie Md
STREET ADDRESS (If rural give location): 1902 Norman Rd

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Theresa (Last) Cummings

4. DATE OF DEATH (Month) March (Day) 4 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Irish
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 4, 1885
9. AGE last birthday: 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: as here
11. BIRTHPLACE (State or foreign country): Newark - N.J.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Thomas Mulvaney
14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: —
17. INFORMANT: Mrs Catherine Brady (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ~~ONSET~~ AND DEATH: 10 years

Immediate cause (a) Cardio - Vascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 1946, to 1952, 19....., that I last saw the deceased alive on March 1, 1952, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James S. Bellaspha MD
ADDRESS: 108 Centre Ave. Glen Burnie Md.
DATE SIGNED: March 4, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: March 7-52
NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery
LOCATION (City, town, or county) (State): Riviera Highway A.A.Co. Md

DATE REC'D BY LOCAL REG.: 3/5/52
REGISTRAR'S SIGNATURE: [signature] De Alba
24. FUNERAL DIRECTOR: Bernard A. Fink 417 Crain Hwy
ADDRESS: Glen Burnie Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2501

Reg. Dist. No. 24

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Ferndale) Glen Burnie, Md
LENGTH OF STAY (in this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 100 Packard Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie (Ferndale)
STREET ADDRESS (If rural, give location): 100 Packard, Ave.

3. NAME OF DECEASED (Type or Print): (First) MINERVA (Middle) E. (Last) DERFLINGER

4. DATE OF DEATH: (Month) March (Day) 10, 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Oct. 22, 1879

9. AGE Last birthday: 72 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Frayer

14. MOTHER'S MAIDEN NAME: Elizabeth Garrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Mary Thayer, Ferndale, Glen Burnie, Md. 100 Packard Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer face (Epithelioma) — Interval Between Onset and Death: 3 yr.

191X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 10 yr.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. .., 19 49, to Mar. 10, 19 52, that I last saw the deceased alive on 3/10/52, 19 , and that death occurred at 11.45 A. m., from the causes and on the date stated above.

SIGNATURE: Chas. L. Ball Jr. (Degree or title) — ADDRESS: Linthicum — DATE SIGNED: 3/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 13, 1952 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 3/11/52 — REGISTRAR'S SIGNATURE: L. [illegible]

24. FUNERAL DIRECTOR — ADDRESS: Thomas W. Singleton, Glen Burnie, Md.

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

250

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Maryland
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Maryland
STREET ADDRESS (If rural, give location) 202 Wardour Drive

3. NAME OF DECEASED (Type or Print) (First) Spencer (Middle) Edward (Last) DICKINSON

4. DATE OF DEATH (Month) MAR (Day) 27 (Year) 1952

5. SEX Male

6. COLOR OR RACE CAUCASIAN

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH FEB 9, 1883

9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Navy

10b. KIND OF BUSINESS OR INDUSTRY U. S. Navy

11. BIRTHPLACE (State or foreign country) New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Dwight DICKINSON

14. MOTHER'S MAIDEN NAME Syria Elana BROWNE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 1 & 11

16. SOCIAL SECURITY No. - - -

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PULMONARY ARTERY THROMBOSIS WITH INFARCTION N465	1 day
421.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE N420	4 years
	(c) GENERAL ARTERIOSCLEROSIS N450	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - -

19a. DATE OF OPERATION - -

19b. MAJOR FINDINGS OF OPERATION - -

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) - -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - (CITY OR TOWN) - - (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) - - m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? - -

22. I hereby certify that I attended the deceased from AUG 1, 1950, to MAR 27, 1952, that I last saw the deceased alive on MAR 26, 1952, and that death occurred at 1:25 a.m., from the causes and on the date stated above.

SIGNATURE F. R. Lang (Degree or title) F. R. LANG, CAPTAIN MC USN

ADDRESS U. S. NAVAL HOSPITAL, ANNAPOLIS, MD

DATE SIGNED 3-27-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)

DATE THEREOF 3-31-1952

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) Arlington, (State) Va.

DATE REC'D BY LOCAL REG. March 28, 1952

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR John M. Taylor & Son

ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riva

LENGTH OF STAY (In this place) 2 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 1 Box 70 Annapolis

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riva (Rural)

STREET ADDRESS (If rural, give location) RFD #1 Box 70 Annapolis, Md.

3. NAME OF DECEASED: (Type or Print) (First) REBECCA (Middle) BEALL (Last) DITTY

4. DATE OF DEATH: (Month) (Day) (Year) 3-26-52 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct.9,1875

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Anne Arundel Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Thomas Beard

14. MOTHER'S MAIDEN NAME: Clara V. Beall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Thomas Welsh Beard same as 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Dilatation of the Heart — INTERVAL BETWEEN ONSET AND DEATH: Immediate

420.1

Antecedent cause(s) DUE TO (b) Arteriosclerotic Cardio-Vascular

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Disease — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/52 19....., to 3/26/52 19....., that I last saw the deceased alive on 10 A.M. 19 3/26/52 and that death occurred at 10 P.M. m., from the causes and on the date stated above.

SIGNATURE Albert Anderson DEGREE OR TITLE Ned D ADDRESS Annapolis, Md DATE SIGNED 3/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 3-29-52 NAME OF CEMETERY OR CREMATORY Davidsonville Methodist LOCATION (City, town, or county) Davidsonville, Maryland (State)

DATE REC'D BY LOCAL REG March 28, 1952 REGISTRAR'S SIGNATURE Edward Collinson 24. FUNERAL DIRECTOR B.L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
APR 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The effect upon is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 33 Carroll street

3. NAME OF DECEASED (Type or Print): (First) BIRDIE (Middle) L. (Last) ESTEP
4. DATE OF DEATH (Month) Mar (Day) 16 (Year) 1952
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 17, 1885
9. AGE last birthday 66 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caterer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Anne Arundel Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Benjamin Little
14. MOTHER'S MAIDEN NAME Lucy Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-22-2870 A
17. INFORMANT AND ADDRESS Clarence W. Hughes 1235 Bentalou st Balto Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — Interval between onset and death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 2 wks.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/12/, 1952, to 3/16/, 1952, that I last saw the deceased alive on 3/16, 1952, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas W. Hughes M.C. — ADDRESS 63 Bladen Ave Annapolis — DATE SIGNED 3/17/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Mar. 19, 1952 — NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery — LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. March 1, 1952 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS Wm. Rees Sr 108 W. Washington St Annapolis, Maryland

RECEIVED
MAR 20 195
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02511

CERTIFICATE OF DEATH

Reg. Dist. No. ... 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 33 Carroll street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis.
STREET ADDRESS (If rural, give location) 33 Carroll street

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) H (Last) ESTEP
4. DATE OF DEATH: (Month) Mar (Day) 16 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-7-1881
9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Daniel Estep
14. MOTHER'S MAIDEN NAME: Mary Ellen Cromwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS: Ruth Brooks - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Renal Disease

13X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-52 19 ..... to 3-16-52 19 ....., that I last saw the deceased alive on 3-15-52 19 , and that death occurred at 3:50 (?) m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

I. M. Feeney, MD 10 - same 3-, 19 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Mar 19, 1952 | NAME OF CEMETERY OR CREMATORY: Bruer Hill Cemetery | LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: Mar 20, 1952 | REGISTRAR'S SIGNATURE | 24 FUNERAL DIRECTOR: Wm. Keene & Son ADDRESS: 108 W. Washington Annapolis, Maryland

RECEIVED
MAR 20 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
STREET ADDRESS (If rural, give location) 204 Gloucester

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) W. (Last) Fauble
4. DATE OF DEATH (Month) MARCH (Day) 14, (Year) 1952
5. SEX F
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH Feby 20-1865
9. AGE last birthday 87 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William H. Thompson
14. MOTHER'S MAIDEN NAME Jane Ann Phillips
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS J. Frail Fauble Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis

332 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intertrochanteric fracture right femur

19a. DATE OF OPERATION Dec. 27, 1951
19b. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture right femur
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Annapolis (COUNTY) Anne Arundel (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 27, 1951 10 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Pt. fell at home.

22. I hereby certify that I attended the deceased from Dec. 27, 1952, to March 13 1952, that I last saw the deceased alive on March 13, 1952, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jesse L. Wilkins, M.D. ADDRESS 232 Pr. Geo. St. Annapolis Md. DATE SIGNED March 14, 1952

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)
DATE THEREOF 3-17-52
NAME OF CEMETERY OR CREMATORY St Annes
LOCATION (City, town, or county) Annapolis (State) Md
DATE REC'D BY LOCAL REG. March 17, 1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 18 1952
BUREAU V. S.

Item 18 Film G140 4-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville; LENGTH OF STAY (in this place): 7yrs 6mts; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Aberdeen, Maryland; STREET ADDRESS (If rural, give location): Baltimore St.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Frisby

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 52

5. SEX: male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: 1884?

9. AGE last birthday: 66? yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: Rail-Road

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Frisby

14. MOTHER'S MAIDEN NAME: Harreth Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): ?

16. SOCIAL SECURITY NO.: /

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculosis of the Lunge

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Paresis (c)

Interval Between Onset and Death: Known to us since XX9-22-44

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE: no (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none (CITY OR TOWN): none (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from 9-22- , 1944 , to 3-25 , 1952 , that I last saw the deceased alive on 3-25 , 1952 and that death occurred at 11:35 A m., from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. (Degree or title) ADDRESS: Crownsville, Md DATE SIGNED: 3-25-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Mar 28-52 NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery LOCATION (City, town, or county) (State): Aberdeen Maryland

DATE REC'D BY LOCAL REG. 3-25-52 REGISTRAR'S SIGNATURE: K. M. Joe

24 FUNERAL DIRECTOR: Henry Tarring & Sons ADDRESS: Aberdeen Md.

RECEIVED
MAR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23 -

1. PLACE OF DEATH COUNTY: Near Glen Burnie. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Same. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: all his life. LENGTH OF STAY (in this place): all his life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glen Burnie R.F.D.	STREET ADDRESS (If rural give location): Same.

3. NAME OF DECEASED (Type or Print)	(First) Lina.	(Middle) Rose.	(Last) Funke -	4. DATE OF DEATH	(Month) March - (Day) 1 (Year) 1952
5. SEX: Female	6. COLOR OR RACE: German White	7. SINGLE, MARRIED, ~~WIDOWED~~ (Specify) DIVORCED, widowed.	8. DATE OF BIRTH: Jan 21, 1963	9. AGE last birthday: 89 - yrs.	If under 1 year Months — Days — If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY: At home.	11. BIRTHPLACE (State or foreign country): Sanony - Germany.	12. CITIZEN OF WHAT COUNTRY? Germany		
13. FATHER'S NAME: Fritz Funke -	14. MOTHER'S MAIDEN NAME: Eleina Petrold				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None.	17. INFORMANT: Walter Funke - (Son)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage in the Brain. 48 hours.

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio - Vascular Disease - 5 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to Mar 1, 1952, that I last saw the deceased alive on March 1, 1952, and that death occurred at 11 05 P. m., from the causes and on the date stated above.

SIGNATURE: James S. Bellingsley M.D. (Degree or title) ADDRESS: 108 Central Ave. Glen Burnie, Md. DATE SIGNED: March 2, 1952

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial	DATE THEREOF 3/5/52	NAME OF CEMETERY ~~OR CREMATORY~~ Glen Haven	LOCATION (City, town, or county) Glen Burnie (State) Md.
DATE REC'D BY LOCAL REG. 3/3/52	REGISTRAR'S SIGNATURE Wm Hedrick Dor	24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (In this place) 7 mos. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntington, Maryland
STREET ADDRESS (If rural, give location) Not known

3. NAME OF DECEASED (Type or Print) (First) Malvina (Middle) (Last) Gantt
4. DATE OF DEATH (Month) 3 (Day) 4 (Year) 1952
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH ?
9. AGE last birthday 72? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Samuel Chase
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — Known to us since 7/30/51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Paresis — Known to us since 8/24/51

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30, 1951, to 3/4/, 1952, that I last saw the deceased alive on 3/4/, 1952, and that death occurred at 7:00p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jacob Avergenstein M.D.
ADDRESS Crownsville, Maryland
DATE SIGNED 3/4/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/7/52
NAME OF CEMETERY OR CREMATORY Patuxent
LOCATION (City, town, or county) (State) Huntingtown, Md.
DATE REC'D BY LOCAL REG. 3-5-52
REGISTRAR'S SIGNATURE R. M. [illegible]
24. FUNERAL DIRECTOR P. E. Sewell Pr. Frederick Md.
ADDRESS

RECEIVED
MAR. 7 1952
BUREAU W. S.

2516

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridge Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
STREET ADDRESS (If rural, give location) PASADENA A.A. Co. Md

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) J (Last) GIRVIN
4. DATE OF DEATH (Month) 3 (Day) 12 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH 5-1-1875
9. AGE last birthday 76 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRINTER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ROBERT GIRVIN
14. MOTHER'S MAIDEN NAME ELLEN O DONOVAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — If yes, give war or dates of service
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS MRS. Ellen MacKenzie Ridge Rd - Pasadena Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Carcinoma of [illegible]	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Carcinomatosis	9 months
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible], bilateral — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1952, to Mar. 12, 1952, that I last saw the deceased alive on Mar. 11, 1952, and that death occurred at 10:25 A.m., from the causes and on the date stated above.

SIGNATURE R. M. McLaughlin (Degree or title) M.D. ADDRESS Pasadena, Md. DATE SIGNED March 12, 1952

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 3/15/52
NAME OF CEMETERY OR CREMATORY Mt Olivet Cem
LOCATION (City, town, or county) (State) Pedmont Ave Balto Md

DATE REC'D BY LOCAL REG. 3/13/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Thos J. Kenny Inc 1600 Hollins St ADDRESS Balto-23 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

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VS-115

MARYLAND STATE DEPARTMENT OF HEALTH

2517

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly

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VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn River Highway Bridge — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Annapolis

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2415 E. Oliver Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOSEPHINE		GUNKEL	March	16,	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE at last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min
Female	White	Married	Dec. 2 1887	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Snow Hill - Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Job Emmons	Jane Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown. If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	Lewis F. Gunkel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning

474.9 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE (A) PRIMARY OR CONTRIBUTING (B) CAUSE OF DEATH	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	river	Severn River,	Anne Arundel Co.,	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED: While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
3/16/52 11:45 Am		Found drowned

22. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, determined from the evidence obtained by said Autopsy, Inspection or Inquiry, and that said death occurred at the day stated above, and that from my opinion resulted from natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
[signature]	Chief Medical Examiner, 700 Fleet St., Balto. 2, Md.	3/17/52

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-19-52	Snow Hill Cem.	Snow Hill Maryland

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/18/52	[signature]	John C. Mullen Inc	2435 East Oliver St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH COUNTY: A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Old Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena
STREET ADDRESS (If rural, give location): Old Mill Rd

3. NAME OF DECEASED (Type or Print) (First) Lutita (Middle) A. (Last) Heath
4. DATE OF DEATH (Month) Mar (Day) 8th (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED: Widowed
8. DATE OF BIRTH: 4/23/1857
9. AGE last birthday: 94 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Theresa Muriell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Lena Ferguson 619 Mace Ave. Essex

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — [illegible]

(c) [illegible] — [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 25, 1951, to Mar. 9, 1952, that I last saw the deceased alive on Mar. 3, 1952, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) M.D. ADDRESS: [illegible] Md. DATE SIGNED: [illegible] 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/11/52
NAME OF CEMETERY OR CREMATORY: Oak Lawn
LOCATION (City, town, or county) (State): Eastern Ave. Extended

DATE REC'D BY LOCAL REG.: 3/10/52
REGISTRAR'S SIGNATURE: W W Hedrick
24. FUNERAL DIRECTOR: Wm Brook Inc. 1217 St. Paul St. ADDRESS

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2519

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville LENGTH OF STAY (in this place) 24 yrs. 11 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) not known

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) (Last) Hebb
4. DATE OF DEATH: (Month) 3/11/52 (Day) (Year) 19

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: not known
9. AGE last birthday: 67(?) yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henson Hebb
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Reocrds

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Lung Tuberculosis known since 2/19/52 INTERVAL BETWEEN ONSET AND DEATH
002X DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, Paranoid Type known 4/27/27

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) none (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 10/13/41 19....., to 3/11/52, 19....., that I last saw the deceased alive on 3/11/52, 19....., and that death occurred at 9:10 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Crownsville, Md. DATE SIGNED 3/11/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar 15, 1952
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) Lansdowne, (State) Md.

DATE REC'D BY LOCAL REG. 3/14/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Mrs Katie R. Williams
ADDRESS Schroeder St

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

2520

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): Bay Ridge Road

3. NAME OF DECEASED (Type or Print) (First) Barbara (Middle) Elkes (Last) Higgins
4. DATE OF DEATH (Month) 3 (Day) 23 (Year) 1952
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): CHILD
8. DATE OF BIRTH: 1-18-52
9. AGE last birthday: yrs. — If under 1 year: Months 2 Days — If under 24 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: STANLEY L. HIGGINS
14. MOTHER'S MAIDEN NAME: Grace E. Chaney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Stanley L. Higgins Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 24-48 HRS

191X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on Arrival - Anne Arundel General Hospital, 19.., to , 19.., that I last saw the deceased alive on , 19.., and that death occurred at 8 30 p m., from the causes and on the date stated above.

SIGNATURE: Philip Brisco (Degree or title) — ADDRESS: 212 Prince George St Annapolis — DATE SIGNED: 23 March 52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF: 3-25-52 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff — LOCATION (City, town, or county): Annapolis (State): Md

DATE REC'D BY LOCAL REG.: March 24, 1952 — REGISTRAR'S SIGNATURE: [signature] French — 24. FUNERAL DIRECTOR: John M. Taylor Sons — ADDRESS: Annapolis Md

RECEIVED
MAR 26
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12521

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

1 PLACE OF DEATH: COUNTY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last)
4. DATE OF DEATH: (Month) (Day) (Year) 19

5. SEX
6. COLOR OR RACE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH
9. AGE last birthday: yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

Antecedent cause(s) Disease or condition, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) a.m. p.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL, Specify | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Dr Cuell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02522

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Weems Creeke
STREET ADDRESS (If rural, give location) R. F. D. Annapolis Md

3. NAME OF DECEASED (Type or Print) (First) Alexis (Middle) (Last) Illyne
4. DATE OF DEATH (Month) 3 (Day) 15 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Sept 26-1885
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Instructor Navigation
10b. KIND OF BUSINESS OR INDUSTRY Instructor
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? N. S. A.
13. FATHER'S NAME Alexis Illyne
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Eugene A. Nebolsine Leonia N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Dilatation of Heart — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis with Arteriosclerosis

(c) Sclerotic Heart Disease — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15 (2 pm), 19 , to 3-15 (11 pm), 1952, that I last saw the deceased alive on 3-15, 1952, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE George C. Basil (Degree or title) M. D. ADDRESS Annapolis Md DATE SIGNED 3-16-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)
DATE THEREOF 3-17-52
NAME OF CEMETERY OR CREMATORY Cedar Bluff
LOCATION (City, town, or county) Annapolis (State) Md.
DATE REC'D BY LOCAL REG. March 17, 1952
REGISTRAR'S SIGNATURE [signature]
FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians' place write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 18 1952
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

2523

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort eo G. Meade
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: United States Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Fulton Street

3. NAME OF DECEASED (Type or Print): (First) FANNIE (Middle) SPENCER TYLER (Last) JACKSON
4. DATE OF DEATH: (Month) MARCH (Day) 3 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 4, 1903
9. AGE last birthday: 48 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Burton Tyler
14. MOTHER'S MAIDEN NAME: Gertrude Adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Sfc William H. Jackson, (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive cardiovascular disease — years

443 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Terminal pneumonia — 24 hrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Feb, 1952, to 3 Mar, 1952, that I last saw the deceased alive on 3 Mar, 1952, and that death occurred at 0910 hrs m., from the causes and on the date stated above.

SIGNATURE: HERBERT J. ACHARACH, Capt., M.C. (Degree or title) — ADDRESS: Fort eo G. Meade, Maryland — DATE SIGNED: 3 March 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Mar 6, 1952
NAME OF CEMETERY OR CREMATORY: Mt Zion
LOCATION (City, town, or county) (State): Gobchland Co., Va.

DATE REC'D BY LOCAL REG.: 3 3 52
REGISTRAR'S SIGNATURE: ARTHUR J. GO[illegible], Capt., MC
24. FUNERAL DIRECTOR: Charle R. Law — ADDRESS: Baltimore, Maryland.

RECEIVED
MAR 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 2524

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully (especially important). Physicians please write the causes of death clearly and legibly. The correct ag.

VS A15A

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harmans
LENGTH OF STAY (In this place): Few minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Expressway.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Maryland
STREET ADDRESS (If rural, give location): 18 W. Henrietta St.

3. NAME OF DECEASED (Type or Print): (First) Ellsworth (Middle) Johnson (Last)

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 7/7/33

9. AGE last birthday: 18 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant seaman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Johnson

14. MOTHER'S MAIDEN NAME: Laura Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Laura Johnson, (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage	Sudden
Antecedent cause s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Fracture of skull, mandible and maxillary	Sudden
	(c)	Multiple lacerations.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS (PRIMARY ☒ OR CONTRIBUTING) CAUSE OF DEATH

PLACE (Home, farm, factory street, office bldg., etc.) OF INJURY: Highway (CITY OR TOWN): Near Harmans, (COUNTY): A.A. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 3/9/52 3 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Automobile accident Baltimore/Washington/Rt

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: Duncan H. Turnbull III (Degree or title): Assistant Deputy Medical Examiner. ADDRESS: Glen Burnie, Md. DATE SIGNED: 3/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. DATE THEREOF: 3-12-52. NAME OF CEMETERY OR CREMATORY: [illegible] Cemetery. LOCATION (City, town, or county): A.A. County (State): Md.

DATE RECD BY LOCAL REG: 3/11/52. REGISTRAR'S SIGNATURE: A.W. Pedrick

24. FUNERAL DIRECTOR: William J. Tucker Funeral Home ADDRESS: 916 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Harmans
LENGTH OF STAY (In this place) Few minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balt.-Washinton Express Way

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 154 W. West St.

3. NAME OF DECEASED (Type or Print) (First) Grant (Middle) Bethune (Last) Johnson Jr
4. DATE OF DEATH (Month) 3/9/52 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12/1/1934
9. AGE last birthday 17 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Manning, S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Grant Johnson
14. MOTHER'S MAIDEN NAME Queenie Bethune

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Grant Johnson (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause: (a) Cerebral Hemorrhage — Sudden

825.5 Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Fracture of skull, left femur, left second — Sudden

(c) and third fingers, multiple lacerations. — Sudden

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Harmans, (COUNTY) Anne Arundel (STATE) Md.
TIME OF INJURY (Month) 3/9/52 (Day) (Year) 3 A. (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile accident

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry find that said deceased died on the day stated above and death in my opinion resulted from natural causes ___, accident X, suicide ___, homicide ___, undetermined ___

SIGNATURE: Gustave H. Fischer M.D. (Degree or title) Assistant Deputy Medical Examiner
ADDRESS: Glen Burnie, 6, Md.
DATE SIGNED: 3/11/52

23. DISPOSAL CREMATION FORM (Specify) Removal
DATE THEREOF 3/12/52
NAME OF CEMETERY OR CREMATORY Manning,
LOCATION (City, town, or county) South Carolina (State)

DATE REC'D BY LOCAL REG. 3/12/52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR B. S. Brown & Son 108 W. Montgomery St.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

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Item 9 FilmG140 4/9/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02526

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadypede
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY a a
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadypede
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Johnson

4. DATE OF DEATH (Month) March (Day) 29 (Year) 1952

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug 10 1896
9. AGE last birthday 56 55 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oystering
10b. KIND OF BUSINESS OR INDUSTRY Sea food
11. BIRTHPLACE (State or foreign country) Calvert Co
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Albert Johnson
14. MOTHER'S MAIDEN NAME Elizabeth Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Clarence Johnson, Shadypede Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 week

510X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Nephritis — 2 month

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1951, to March 25, 1952, that I last saw the deceased alive on March 25, 1952, and that death occurred at 6:40 P m., from the causes and on the date stated above.

SIGNATURE R. L. Richardson (Degree or title) M.D. ADDRESS Annapolis, Md DATE SIGNED 3/26/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/28/52
NAME OF CEMETERY OR CREMATORY St Matthews
LOCATION (City, town, or county) Shadypede (State) Md

DATE REC'D BY LOCAL REG. Mar 28-52
REGISTRAR'S SIGNATURE I. B. Dent
24. FUNERAL DIRECTOR T A Hardisty & Son Gibsonville
ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
MAR 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2527

1 PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severn
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Queenstown Road

2 USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Same
STREET ADDRESS (If rural, give location)

3 NAME OF DECEASED (Type or Print) (First) Rennus (Middle) Abraham (Last) Jones
4. DATE OF DEATH (Month) March (Day) 7 (Year) 1952
5. SEX M.
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 2/10/52
9. AGE last birthday yrs. If under 1 year Months 28 If under 24 hrs. Hours Min.
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Severn, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13 FATHER'S NAME Rennus Lee Jones
14 MOTHER'S MAIDEN NAME Blanche Jones
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16 SOCIAL SECURITY No. No
17 INFORMANT AND ADDRESS Blanche Jones, mother

18 MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation in bed. — Interval Between Onset and Death: Sudden

924.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b MAJOR FINDINGS OF OPERATION
20 AUTOPSY? Yes ☐ No ☒

21 EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) In bed - home (CITY OR TOWN) Severn (COUNTY) A.A. (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 3-7-1952 - 4 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Asphyxiation in bed.

22 I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE Louis Lee Fauber MD (Degree or title) Assistant Deputy Medical Exam ADDRESS Glen Burnie Md. DATE SIGNED 3/7/52

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial
DATE THEREOF 3/8/1952
NAME OF CEMETERY OR CREMATORY M.F. Lion Cem
LOCATION (City, town, or county) Lansdowne (State) Md.
DATE RECD BY LOCAL REG. 3/7/52
REGISTRAR'S SIGNATURE A.W. Hodges Dep R
24 FUNERAL DIRECTOR Mrs Katie R. Williams
ADDRESS Schroeder St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH COUNTY: Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 367 Solley Rd.	STREET ADDRESS (If rural, give location): 367 Solley Rd.

3. NAME OF DECEASED (Type or Print): (First) PAULINE (Middle) (Last) KRIEGER

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1952.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct. 11, 1879

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: House Work

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: ? Krieger

14. MOTHER'S MAIDEN NAME: Anna M. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Frank L. Fowler 367 Solley Rd. A.A.Co.Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Coronary Thrombosis	1 month
4 m. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerotic Cardio Vascular Disease	5 years
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1952, to March 13, 1952, that I last saw the deceased alive on March 15, 1952, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

SIGNATURE: J Brady Smith, M.D. (Degree or title) ADDRESS: Riviera Beach Md DATE SIGNED: 3/15/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 15 1952 — NAME OF CEMETERY OR CREMATORY: PARKWOOD CEM. [redacted] — LOCATION (City, town, or county) (State): 2310 TAYLOR AVE [redacted]

DATE REC'D BY LOCAL REG.: 3/14/52 — REGISTRAR'S SIGNATURE: H. W. Hedel — 24. FUNERAL DIRECTOR: Charles S. Jacks — ADDRESS: 901 S. Conkling St. Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02529

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Margarets
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) Chase Home

3. NAME OF DECEASED (Type or Print) (First) Leila (Middle) (Last) Langley
4. DATE OF DEATH (Month) (Day) (Year) 3 - 20 - 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 28 1865
9. AGE last birthday 86 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY Jr. College Seminary
11. BIRTHPLACE (State or foreign country) Pt. Lookout M.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Langley
14. MOTHER'S MAIDEN NAME Indiana Milburn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs M. J. Miller Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cardio-Vascular Failure	about 1 wk
422 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cr. Arteriosclerosis with marked	Several
	(c)	Cerebral changes.	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1952, to March 20, 1952, that I last saw the deceased alive on March 19, 1952, and that death occurred at 12 15 am m., from the causes and on the date stated above.

SIGNATURE J. Oliver Purvis (Degree or title) M.D. ADDRESS Annapolis Maryland DATE SIGNED 3-21-52

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) DATE THEREOF 3-22-52 NAME OF CEMETERY OR CREMATORY Trinity Church Yard LOCATION (City, town, or county) St Marys City (State) Md.

DATE REC'D BY LOCAL REG. March 22, 1952 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor-Son ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians, please write the causes of death clearly and legibly

VS. A15

RECEIVED
MAR 26 1956
BUREAU OF S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02530

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Skidmore

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Annapolis
STREET ADDRESS (If rural, give location) Skidmore

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) (Last) Martin

4. DATE OF DEATH (Month) March (Day) 19 (Year) 1952

5. SEX Female

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Jan. 7, 1881

9. AGE last birthday 71 yrs. If under 1 year: Months 2 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Skidmore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Nace Johnson

14. MOTHER'S MAIDEN NAME Annie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Amelia Harris R. 2 Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Arteriosclerotic Cardio Vascular disease	- yrs.
Antecedent cause(s) Diseases or conditions if any, giving rise to the above cause stating the underlying cause last (b)	c̄ Hypertension & Decompensation	2 yrs.
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Asthma; Accas. Ac. Pulmonary Edema

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to March 19, 1952, that I last saw the deceased alive on 3/16, 1952 and that death occurred at 8.30 A m., from the causes and on the date stated above.

SIGNATURE Maurice F Klawans (Degree or title) Md ADDRESS Annapolis, Md DATE SIGNED 3/21/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Mar. 23, 1952

NAME OF CEMETERY OR CREMATORY Broadneck

LOCATION (City, town, or county) (State) Skidmore, Md.

DATE REC'D BY LOCAL REG. March 22, 1952

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR J. B. Johnson, Annapolis, Md. ADDRESS

RECEIVED
MAR 26 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH — COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galesville
STREET ADDRESS (If rural, give location): Galesville Post Office

3. NAME OF DECEASED (Type or Print): (First) Caroline (Middle) MAUK (Last)

4. DATE OF DEATH (Month) (Day) (Year): MARCH 3, 1952 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 18, 1883

9. AGE Last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Greensburg, Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Coughenour

14. MOTHER'S MAIDEN NAME: Caroline Goodland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Albert S. Mauk Galesville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent causes (b) Hemiplegia

Underlying cause last (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 3-1-52

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Hypertension

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1 , 19 52 , to 3-3 , 19 52 , that I last saw the deceased alive on 3-3- , 19 52 , and that death occurred at 9 4 m , from the causes and on the date stated above.

SIGNATURE: George C Bent (Degree or title) M.D. ADDRESS: Annapolis Md. DATE SIGNED: 3-4-52

23. BURIAL CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3-5-52 — NAME OF CEMETERY OR CREMATORY: Woodfields Cemetery — LOCATION (City, town, or county) (State): Galesville, Maryland

DATE REC'D BY LOCAL REG.: March 5, 1952 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: B.L. Hopping and Son — ADDRESS: Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A17

RECEIVED
MAR 6 19[illegible]
BUREAU V. S.

253

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severn
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) E. (Last) McGINNIS
4. DATE OF DEATH: (Month) Mar. 28, (Day) (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 12, 1896
9. AGE last birthday: 55 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adolph Bussey
14. MOTHER'S MAIDEN NAME: Amelia Schultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. Hiram McGinnis - Severn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 , 195 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 8 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] Ball
ADDRESS [illegible] Md
DATE SIGNED 3 28 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/31/52
NAME OF CEMETERY OR CREMATORY: Friendship Cem.
LOCATION (City, town, or county) (State): Anne Arundel County, Md.

DATE REC'D BY LOCAL REG.: March. 29 1952
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: Wm. J. Pickner & Sons
ADDRESS: Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS A13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS U. A. General Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 11 McKendree Ave.

3. NAME OF DECEASED (Type or Print): (First) May (Middle) Langrall (Last) McNamara

4. DATE OF DEATH: (Month) 3 (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Oct. 13 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: J. M. Langrall

14. MOTHER'S MAIDEN NAME: Henrietta Amy Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Thomas Kirby Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis Heart — Several years.

420.0 (c) Uremia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arterio Sclerosis — Several years.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1952 to March 16, 1952, that I last saw the deceased alive on March 16, 1952, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE: Leigh C. Bond (Degree or title) M. D. ADDRESS: Annapolis Md. DATE SIGNED: 3.17.52

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF: 3-18-52

NAME OF CEMETERY OR CREMATORY: Cedar Bluff

LOCATION (City, town, or county): Annapolis (State): Md.

DATE REC'D BY LOCAL REG.: March 18, 1952

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: John W. Taylor Son ADDRESS: Annapolis Md.

RECEIVED
MAR 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No 23

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Johnson Stack Island 211 - Homewood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) ASTON (Last) MERO
4. DATE OF DEATH (Month) (Day) (Year) 25 1952
5. SEX Male
6. COLOR OR RACE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec. 28, 1890
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME unk.
14. MOTHER'S MAIDEN NAME unk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident, suicide, homicide, undetermined

SIGNATURE Degree or title ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Cremated
DATE THEREOF April 21, 1952
NAME OF CEMETERY OR CREMATORY Univ. of Md Med Sch
LOCATION (City, town, or county) Baltimore, Md (State)
DATE REC'D BY LOCAL REG. 5-2-52
REGISTRAR'S SIGNATURE Dr Caldwell Woodruff
24. FUNERAL DIRECTOR Anatomy Board (E. Whitehurst)
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Brought in [illegible] Federal [illegible]

[illegible]

COPY SENT TO LOCAL REGISTRAR No. ___ DATE 5-2-52

RECEIVED
MAY 2 1952
BUREAU V. S.

Mr. Carter, of City Health Dept., brought this body to us on April 21, 1952. I assume from notation on back of Death Certificate that Singleton Funeral Home, Glen Burnie, probably left this body at City morgue.

M. Frampton

MW: Mr. Singleton called; he [illegible] ON: [illegible] will [illegible] out your form [illegible] form; he [illegible] that you write to Mr. [illegible].

LL [illegible]-52

MARYLAND STATE DEPARTMENT OF HEALTH 02535

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No 22

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (In this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Grand Stand, Laurel Race Track

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2704 Washington Blvd.

3. NAME OF DECEASED (Type or Print) (First) Morris (Middle) (Last) Milch
4. DATE OF DEATH (Month) (Day) (Year) 19 3/28/52
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York City, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Emmanuel Milch
14. MOTHER'S MAIDEN NAME Salli Glassel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Gladys Barrot, 140 Riverside

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Drive, New York City.

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident , suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Faucher M.D. (Degree or title) Assistant Director Medical Examiner
ADDRESS Glen Burnie, Md.
DATE SIGNED 3/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 31 1952
NAME OF CEMETERY OR CREMATORY Washington Cemetery
LOCATION (City, town, or county) Brooklyn, N.Y. (State)

DATE REC'D BY LOCAL REG. Mar 29 52
REGISTRAR'S SIGNATURE Dwara Kasluft
24. FUNERAL DIRECTOR [illegible]
ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS A15A

RECEIVED
DEC 7 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02536

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; LENGTH OF STAY (in this place): 4 hrs 55 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; STREET ADDRESS (If rural, give location): 91 East Street

3. NAME OF DECEASED (Type or Print): Baby Boy (Last): MOORE

4. DATE OF DEATH: (Month) MAR (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: MAR 28, 1952

9. AGE last birthday: ✓ -- yrs. If under 1 year: Months --; Days --; If under 24 hrs: Hours 4; Min. 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles Thomas MOORE

14. MOTHER'S MAIDEN NAME: Betty Delores JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --; (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: --

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ATELECTASIS (PULMONARY) NEONATORUM WITH IMMATURITY N762.5 — .3 hours

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) PREMATURE LABOR N761.5

4115

(c) PLACENTA, PARTIAL PREMATURE SEPARATION OF N761.5

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --; (CITY OR TOWN): --; (COUNTY): --; (STATE): --

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: -- --; INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from MAR 28, 1952, to MAR 29, 1952, that I last saw the deceased alive on MAR 29, 1952, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) G. J. TAYLOR III, LT MC USN — ADDRESS: U. S. NAVAL HOSPITAL, ANNAPOLIS, MD — DATE SIGNED: 3-29-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-30-1952	Brewer Hill	Annapolis, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 30, 1952	[signature]	Wm Lee & K-108	N Washington st. Annapolis, Md.

RECEIVED
APR 1 1
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY A. A. Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5218 - 4th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 5218 4th St

3. NAME OF DECEASED (Type or Print): (First) Sergie (Middle) J. (Last) Mowl

4. DATE OF DEATH: (Month) Mar (Day) 2nd (Year) 1952

5. SEX: White male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2/13/1900

9. AGE Last birthday: 51 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Processfitter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ray Crawford

14. MOTHER'S MAIDEN NAME: Gertrude R. (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Thomas J. Mowl 5215 - 4th St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1952 to March 2, 1952 that I last saw the deceased alive on Feb 22, 1952, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify): Removal

DATE THEREOF: 3/3/52

NAME OF CEMETERY OR CREMATORY: Keyser Hill

LOCATION (City, town, or county) (State): Penn.

DATE REC'D BY LOCAL REG. 3-3-52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: H. Fox Inc. ADDRESS: 121 W. Lanvale St.

VS-41

Item 18 Film G140 4-4-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH COUNTY: A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shadyside
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md COUNTY: A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shadyside
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Infant Nick
4. DATE OF DEATH (Month) (Day) (Year): Mar. 1 1952
5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): sing
8. DATE OF BIRTH: Mar. 1, 1952
9. AGE last birthday: yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shadyside Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Leonard Nick
14. MOTHER'S MAIDEN NAME: Eunice Nick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Leonard Nick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Blood Oxycrasia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (type pending autopsy report)

(c) Hemorrhagic Disease of newborn

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2-52, 19 , to 3-2-52, 19 , that I last saw the deceased alive on 3-2-52, 19 , and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE: G. T. Allen (Degree or title): M.D. ADDRESS: 10 Canoe DATE SIGNED: 3-4-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Mar. 3 1952
NAME OF CEMETERY OR CREMATORY: St. Matthews
LOCATION (City, town, or county): Shadyside (State): Md
DATE REC'D BY LOCAL REG.: Mar. 3, 1952
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: J. B. Johnson ADDRESS: Annapolis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A-3

RECEIVED
MAR 11 1952
BUREAU W.S.S.

Item 18 Film G142 5-22-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

2539

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bay Ridge
STREET ADDRESS (If rural, give location) # 3 Dale Drive

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) M. (Last) NORMAN
4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 14, 1923
9. AGE last birthday: 28 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Private Duty
11. BIRTHPLACE (State or foreign country): St. Mary's City, Pa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William McFadden
14. MOTHER'S MAIDEN NAME: Catheline GRUMLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr Robert R. Norman same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Air embolus due to self-induced abortion.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, therein and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and do to the best of my opinion reasonably from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE (Degree or title) William V Lovett
ADDRESS Baltimore, Maryland
DATE SIGNED 3/19/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3-21-52
NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG: March 20, 1952
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Ben L. Hopping and Son
ADDRESS: Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

MS 815A

RECEIVED
MAR 21
BUREAU V. S.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS.-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02540

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis, Neck — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: A.A. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis, Neck
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Offer
4. DATE OF DEATH (Month) 3 (Day) 31 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 21 1882
9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Churchton Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Offer
14. MOTHER'S MAIDEN NAME: Marceleen Levi
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: ? Charles Offer 621 2nd St. Eastport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardi[illegible] — 4 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19 , to [illegible], 19 , that I last saw the deceased alive on [illegible], 19 , and that death occurred at m , from the causes and on the date stated above.

SIGNATURE: Theodore H. Johnson (Degree or title) M.D. — ADDRESS: [illegible] — DATE SIGNED: [illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: [illegible] 1952 — NAME OF CEMETERY OR CREMATORY: Annapolis, Neck Cemetery — LOCATION (City, town, or county) (State): Annapolis, Neck Md.

DATE REC'D BY LOCAL REG.: April 2, 1952 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Wm. Russell 108 W. Washington St Annapolis, Maryland — ADDRESS

RECEIVED
APR 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2541 20

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Lothian
STREET ADDRESS (If rural, give location) Rural - 1 mi west

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Elliot (Last) Owens

4. DATE OF DEATH (Month) Mar (Day) 28 (Year) 1952

5. SEX Female Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 26 Mar 1870
9. AGE last birthday 82 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher (Retired)
10b. KIND OF BUSINESS OR INDUSTRY County Schools
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Madison Owens
14. MOTHER'S MAIDEN NAME Florence Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr Hall Owens - husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

4. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cr. Disease

(c) Cardiosclerosis - generalized severe

INTERVAL BETWEEN ONSET AND DEATH: Mon / Wks / Wk

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Mar., 1952, that I last saw the deceased alive on March, 1952, and that death occurred at 10.30 P m., from the causes and on the date stated above.

SIGNATURE Big Asser M.D. (Degree or title) ADDRESS Upper Marlboro Md DATE SIGNED 28 Mar 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/31/52
NAME OF CEMETERY OR CREMATORY St. James Episcopal
LOCATION (City, town, or county) Tracy's Landing (State) Md.

DATE REC'D BY LOCAL REG. 3/31/52
REGISTRAR'S SIGNATURE [signature] Clayton
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2542

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 5415 Wasena Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): EDNA FRANCES PALMER

4. DATE OF DEATH (Month) (Day) (Year): 3/11/52 19

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 6/26/08
9. AGE last birthday: 43 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): N.Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herman C. McLearn
14. MOTHER'S MAIDEN NAME: Maude H. Rideout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Sclerosis — 10 days

42 | Antecedent cause(s) (b) Hypertensive cardio vascular disease — ?

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Duodenal Ulcer — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic arthritis deformans — ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23, 1950, to 3/11, 1952, that I last saw the deceased alive on 3/10, 1952, and that death occurred at 10 45 a.m., from the causes and on the date stated above.

SIGNATURE: Dr. Harry Deilel (Degree or title) ADDRESS: 1226 Hanover St. DATE SIGNED: 3/13/52

23. BURIAL, CREMATION REMOVAL (Specify): B
DATE: 3/14/52
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 3/14/52
REGISTRAR'S SIGNATURE: E. W. Hedrick

24. FUNERAL DIRECTOR: James L. McCully - 130 E. Fort Ave. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians' please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Annapolis neck

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Annapolis
STREET ADDRESS (If rural, give location) Annapolis Neck

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) (Last) Parker

4. DATE OF DEATH (Month) March (Day) 5 (Year) 1952

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH April 1888

9. AGE last birthday 63 yrs. If under 1 year Months 10 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm hand

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) A. A. Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Anderson Parker

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Rachiel Parker Annapolis neck, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Cardiac Failure

4-34.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-2-51, 19 , to 3-5-52, 19....., that I last saw the deceased alive on 3-4-52, 19 , and that death occurred at 12 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M D ADDRESS 11 Carroll DATE SIGNED 3-7-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF March 9, 1952

NAME OF CEMETERY OR CREMATORY Annapolis neck

LOCATION (City, town, or county) Annapolis neck (State) Md.

DATE REC'D BY LOCAL REG. March 7, 1952

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR J. B. Johnson Annapolis, Md. ADDRESS

RECEIVED
MAR 10 1952
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bessie (Middle) M (Last) Peters
4. DATE OF DEATH (Month) 3 (Day) 4 (Year) 1952
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) D
8. DATE OF BIRTH 4-25-1908
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Lothian, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Magruder
14. MOTHER'S MAIDEN NAME Florence Sharps
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Ne
16. SOCIAL SECURITY No. 219-30-4393
17. INFORMANT AND ADDRESS Charles Magruder Lothian, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Rt. Breast.

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 6 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1946, to March 4, 1952, that I last saw the deceased alive on 3-1, 1952, and that death occurred at 3.00 am from the causes and on the date stated above

SIGNATURE M. E. Wilson (Degree or title) M.D. ADDRESS 803 W Fremont Ave DATE SIGNED 3-5-52

23. BURIAL, CREMATION REMOVAL (Specify) B
DATE THEREOF 3-7-1952
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) (State) Lothian Md.

DATE REC'D BY LOCAL REG. 3/5/52
REGISTRAR'S SIGNATURE R. W. Gedrich
24. FUNERAL DIRECTOR William Leese, Tel. 108 N. Washington St. Annapolis, Md.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 15 yrs 4 m 25 d
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 205 N. [illegible] St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) H (Last) Powell
4. DATE OF DEATH: (Month) March (Day) 8th (Year) 1952
5. SEX: M. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: 1883?
9. AGE last birthday: 68? yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: West Powell
14. MOTHER'S MAIDEN NAME: Nancy Stewart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — AND ADDRESS: Hospital [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the lung

(c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown / Approximately Few weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1941, to March 8th, 1952, that I last saw the deceased alive on March 8th, 1952, and that death occurred at 11 50 A.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title)
ADDRESS Crownsville, Md
DATE SIGNED 3-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Mar. 13 1952
NAME OF CEMETERY OR CREMATORY: W. Antrim Cem
LOCATION (City, town, or county): Balto
(State): Md.

DATE REC'D BY LOCAL REG. 3-12-52
REGISTRAR'S SIGNATURE
FUNERAL DIRECTOR: Wm. H. Williams
ADDRESS: 22 Shroeder St

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-ATS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 19541

1. PLACE OF DEATH: COUNTY Anne Arundel County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferndale — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 600 Annapolis Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferndale
STREET ADDRESS (If rural, give location) 600 Annapolis Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) M. (Last) Rider
4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 2 - 10 - 66
9. AGE last birthday: 86 yrs — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Florist, retail
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Anne Arundel Co., Md.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Abraham Rider
14. MOTHER'S MAIDEN NAME: Margaret R. Merritt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service:
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Miss Margaret Rider 600 Annapolis Rd. Ferndale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio - renal - Vascular Disease — Interval Between Onset and Death: 1 mo.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 442X

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED White at Work ☐ Not White At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. , 1940, to Mar 3 , 1952, that I last saw the deceased alive on Mar 3 , 1952, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Chas. K. Ball Jr. Ludlowtown 3/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3 - 5 - 52 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery | LOCATION (City, town, or county) (State): Brooklyn, Md.

DATE RECD BY LOCAL REG.: 3/5/52 | REGISTRAR'S SIGNATURE: R. W. Hedrick Dmr

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. - 1900 Eutaw Place — ADDRESS
M B Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ... 2.1

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Murray Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 20 Murray Ave.

3. NAME OF DECEASED (Type or Print): (First) Lempa (Middle) P. (Last) Pridout
4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~. (Specify)
8. DATE OF BIRTH: Mar. 6 1904
9. AGE last birthday: 48 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Annapolis Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Russell
14. MOTHER'S MAIDEN NAME: Carrie Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: James A. Pridout Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Sigmoid (findings at operation)

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)...

(c)

INTERVAL BETWEEN ONSET AND DEATH: about 1½.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY: Home, farm, factory, street, office bldg., etc. (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Mar. 17, 1952; that I last saw the deceased alive on March 12, 1952; and that death occurred at 10.45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Manuel Klawans, Md
ADDRESS: Annapolis, Md
DATE SIGNED: 3/18/52

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF: 3-20-52
NAME OF CEMETERY OR CREMATORY: Cedar Bluff
LOCATION (City, town, or county) (State): Annapolis Md.

DATE REC'D BY LOCAL REG.: March 19, 1952
REGISTRAR'S SIGNATURE: [illegible] French
FUNERAL DIRECTOR: John W. Sayler Son
ADDRESS: Annapolis Md

VS. A15

RECEIVED
MAR 20
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis, Maryland
LENGTH OF STAY (In this place): 24 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis, Maryland
STREET ADDRESS (If rural, give location): Ten Oakes Manor

3. NAME OF DECEASED (Type or Print): (First) Dennis (Middle) Ramsey (Last) RUNDALL

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: JAN 14, 1952

9. AGE (last birthday): -- yrs. If under 1 year: Months 1, Days 21. If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Paul Stanley RUNDALL

14. MOTHER'S MAIDEN NAME: Isobel Edith VERNA

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) (1) INTERVENTRICULAR SEPTAL DEFECT (N754.2) — Interval Between Onset and Death: 7 weeks

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) (2) TRILOCULAR HEART (N754.4) — 7 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (1) BRONCHOPNEUMONIA LOBULAR TERMINAL (N491) — 4 days; (2) CONGESTIVE HEART FAILURE (N434.1) — 7 weeks

19a. DATE OF OPERATION: - - -

19b. MAJOR FINDINGS OF OPERATION: - - -

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): - -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): - - -

TIME OF INJURY (Month) (Day) (Year) (Hour): - - - m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from MAR 2, 1952, to MAR 3, 1952, that I last saw the deceased alive on MAR 3, 1952, and that death occurred at 1:35 p. m, from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert V. Dakoyer M.V. ADDRESS: U. S. NAVAL HOSPITAL, ANNAPOLIS, MD. DATE SIGNED: MAR 4, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 3-6-52 — NAME OF CEMETERY OR CREMATORY: NAVAL CEMETERY — LOCATION (City, town, or county) (State): ANNAPOLIS, MD

DATE REC'D BY LOCAL REG.: March 5, 1952 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR ADDRESS: B. L. HOFFINE & SON ANNAPOLIS MD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
3/26/52
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 71

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 Chesapeake Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY AA.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 26 Chesapeake Ave.

3. NAME OF DECEASED (Type or Print): (First) Helene (Middle) Jensine (Last) Schmidt
4. DATE OF DEATH: (Month) 3 (Day) 23 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)
8. DATE OF BIRTH: August 26, 1876
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Denmark
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Carl T. Schmidt
14. MOTHER'S MAIDEN NAME: Marie Olsen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service.)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Helmar C. Schmidt - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension C.V. disease — 8 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
[signature] | M.E. | Annapolis, Md. | 3/25/52

23. BURIAL, CREMATION, REMOVAL, etc. (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
3-26-1952 | Cedar Bluff | Annapolis | Md.

DATE REC'D BY LOCAL REG. 3-26-52 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR | ADDRESS
John M. Fayle & Son | Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
MAR 27 1957
BUREAU V. S.

02550

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pa Ohio
LENGTH OF STAY (in this place) nea
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood
STREET ADDRESS (If rural, give location) HARWOOD POST OFFICE

3. NAME OF DECEASED (Type or Print) (First) BONNIE (Middle) KAY (Last) SCHWALLENBERG

4. DATE OF DEATH (Month) 3 (Day) 27 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH OCT 1, 1951
9. AGE last birthday — yrs. If under 1 year Months 6 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) ANNAPOLIS, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ROBERT SCHWALLENBERG
14. MOTHER'S MAIDEN NAME BETTY NEESE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS ROBERT SCHWALLENBERG SAME AS #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho pneumonia

MIX Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 24 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 March, 1952, to 29 March, 1952, that I last saw the deceased alive on 29 March, 1952, and that death occurred at 845P m, from the causes and on the date stated above.

SIGNATURE Philip Brisine (Degree or title) M.D. ADDRESS 212 Prince Fenger St DATE SIGNED 29 March 52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 4-1-52
NAME OF CEMETERY OR CREMATORY BALDWIN MEMORIAL
LOCATION (City, town, or county) (State) MILLERSVILLE, Md.

DATE REC'D BY LOCAL REG. March 31, 1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR B.L. HOPPING & SON ADDRESS ANNAPOLIS, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Junction | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Junction
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) KARL (Middle) (Last) SCHWARC

4. DATE OF DEATH (Month) Mar. (Day) 26 (Year) 1952

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Oct 17, 1869 | 9. AGE last birthday 82 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship Builder | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Pommer Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. None | 17. INFORMANT AND ADDRESS Howard Schwarc

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Oedema	2 days
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Hypertensive Heart disease Nephritis - Chronic Interstitial	3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1952, to 3/26, 1952 that I last saw the deceased alive on 3/26 1952, and that death occurred at 11-15 m., from the causes and on the date stated above.

SIGNATURE N B Tomed (Degree or title) ADDRESS 314 Compton ave Laurel Md DATE SIGNED 3/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation | DATE THEREOF Mar 27 1952 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) Maryland (State) Md

DATE REC'D BY LOCAL REG. March 27-52 | REGISTRAR'S SIGNATURE Clara Haslup | 24. FUNERAL DIRECTOR Ridgley Selby ADDRESS 401 Wash ave Laurel Md

REÇU
4/7 1932
BUREAU V. 4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02553

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General	STREET ADDRESS (If rural, give location) 300 Melvin Ave

3. NAME OF DECEASED (Type or Print)	(First) Bessie	(Middle) Rodgers	(Last) Sears	4. DATE OF DEATH	(Month) 3	(Day) 4	(Year) 1952		
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.	
Female	White	Married	May 5 1881	70 yrs.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY						
Housewife	Home	A. A. Co. Md	U.S.A.						
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
James Wilson Rodgers		Elizabeth Phipps							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS							
		William F. Sears Annapolis Md.							

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Pancreas with	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastasis to Liver	
	(c) Pyelonephritis with Stone	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Rt. Kidney	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2-6, 1952, to 3-4, 1952, that I last saw the deceased alive on 3-4, 1952, and that death occurred at 3:25 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles C. Bond	M. D.	Annapolis Md	3-5-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	3-6-52	Graham Burial Park	West River	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 6, 1952	J. J. O'Brien	John M. Taylor & Sons	Annapolis Md.

RECEIVED
BUREAU
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Parole Health Center

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mayo
STREET ADDRESS (If rural, give location): Edgewater, Maryland

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) (Last) SELLMAN
4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1952

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 8-5-51
9. AGE last birthday: 7½ mo. yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Mayo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: OLiver Sellman
14. MOTHER'S MAIDEN NAME: Helen Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mr. Oliver

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Internal hydrocephalus (moderate)

344X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Serous meningitis

(c) Acute pharyngitis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] or CONTRIBUTING [ ] CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work [ ] Not while at work [ ] — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes [ ] accident [ ], suicide [ ], homicide , undetermined*

SIGNATURE: Stanley A. Burlache — (Degree or title) ADDRESS: Ass't. Med. Examiner-700 Fleet St.-Balto. 2, Md. — DATE SIGNED: 3-28-52

23. BURIAL CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3-30-52 — NAME OF CEMETERY OR CREMATORY: Adam's Chapel — LOCATION (City, town, or county) (State): Lothian, Maryland

DATE REC'D BY LOCAL REG: March 29, 1952 — REGISTRAR'S SIGNATURE: [signature] French

24. FUNERAL DIRECTOR: William Reese — ADDRESS: 108 W. Washington St. Annapolis, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
APR 1 - 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02554

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. A. | MARYLAND | LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Murray Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md | COUNTY A A | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | STREET ADDRESS (If rural, give location) 16 Murray Ave

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) C. (Last) Shortt

4. DATE OF DEATH: (Month) 3- (Day) 14- (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH (Month, Day, Year): July 26 1952

9. AGE last birthday: 27 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter House Pt.

10b. KIND OF BUSINESS OR INDUSTRY: Painter

11. BIRTHPLACE (State or foreign country): A A Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Shortt

14. MOTHER'S MAIDEN NAME: Elizabeth Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Virginia C. Shortt Annapolis Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart disease	4 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	4 yrs
	(c) Hypertension	6 yrs

4?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy | Several yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month, Day, Year, Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 1952, to March 14, 1952, that I last saw the deceased alive on March 14 1952, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Bant M.D. | ADDRESS Annapolis Md | DATE SIGNED 3-16-52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 3-17-52 | NAME OF CEMETERY OR CREMATORY Cedar Bluff | LOCATION (City, town, or county) Annapolis | (State) Md

DATE REC'D BY LOCAL REG March 17, 1952 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR John M. Layton Son | ADDRESS Annapolis Md

VS-A13

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MAR 18 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2555

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH (Month) 7 (Day) 24 (Year) 1952

5. SEX
6. COLOR OR RACE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH 11/17/[illegible]
9. AGE last birthday 60 yrs — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)
10b. KIND OF BUSINESS OR INDUSTRY U.S. Army Ordinance
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) [illegible]
16. SOCIAL SECURITY No. [illegible]
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH [illegible]
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible] (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) [illegible] m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? [illegible]

22. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident, suicide, homicide, undetermined

SIGNATURE [illegible] (Degree or title) assistant medical ADDRESS DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/21/52
NAME OF CEMETERY OR ~~CREMATORY~~ U.S. National
LOCATION City, town, or county (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 3/18/52
REGISTRAR'S SIGNATURE H.W. Hedrick DMK
24. FUNERAL DIRECTOR Wm. Cooke, Inc., 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) Forest Drive

3. NAME OF DECEASED (Type or Print): (First) Hollice (Middle) (n) (Last) Smith
4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH: August 29, 1897
9. AGE last birthday: 54 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Houck
14. MOTHER'S MAIDEN NAME: Rosella Bolte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 1 (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Wade R. Smith - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

4 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis Generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Annapolis Md. DATE SIGNED: 3/29/52

23. BURIAL ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF: 4-1-1952 NAME OF CEMETERY OR CREMATORY: Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG: March 31, 1952 REGISTRAR'S SIGNATURE: [signature] French
24. FUNERAL DIRECTOR: John M. Taylor & Son ADDRESS: Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
APR 1 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0255

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 1 yr. 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1131 E. Lexington St.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) H. (Last) Smith
4. DATE OF DEATH (Month) 3/9/52 (Day) (Year) 19

5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 12/25/92
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S N[redacted] Preston Winma
14. MOTHER'S MAIDEN NAME Sylvia Downing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Arteriosclerosis known since 6/23/50

4500 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) none (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 6/23/50, 19.., to 3/9/52, 19...., that I last saw the deceased alive on 3/9/52, 19, and that death occurred at 10:40 A.M. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Crownsville, Md DATE SIGNED 3/9/52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF 3/25/52
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Baltimore City (State) Md

DATE REC'D BY LOCAL REG. 3/25/52
REGISTRAR'S SIGNATURE [signature] De Alb
24. FUNERAL DIRECTOR Francis A Hemsley 578 W Biddle St
ADDRESS

RECEIVED
MAR 27 1952
BUREAU V. S.

Item 3: Film G140: 3/31/52 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ANNAPOLIS
LENGTH OF STAY (in this place): 23 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ANNE ARUNDEL GEN HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: PENNA — COUNTY: DAUPHIN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DAUPHIN
STREET ADDRESS (If rural, give location): RD #1

3. NAME OF DECEASED (Type or Print): (First) Thos. (Middle) ~~E.~~ (Last) RAYMOND SNYDER

4. DATE OF DEATH: (Month) Mar (Day) 27 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MAR 28 1885

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fire Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lancaster, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Edward Snyder

14. MOTHER'S MAIDEN NAME: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	3 Mon.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Failure	7 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus Ulcer, Multiple — 7 mon.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14/, 1952, to 3/27, 1952, that I last saw the deceased alive on 3/27/, 1952, and that death occurred at 10-05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank M. Shipley M.D. ADDRESS: Annapolis, Md. DATE SIGNED: 3/28/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Mar 31 1952

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): Harrisburg, Dauphin Penna

DATE REC'D BY LOCAL REG: March 28, 1952

REGISTRAR'S SIGNATURE: W. D. Smith

24. FUNERAL DIRECTOR: J. Calvin Noll ADDRESS: 3501 Derry St Harrisburg Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-4TH

RECEIVED
MAR 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

(2551)

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH: COUNTY A A Co Severn Md MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY A A Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) New Cut Rd

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Joseph (Last) Stadler
4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: April 5-1948
9. AGE last birthday: 3 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lawrence Joseph Stadler
14. MOTHER'S MAIDEN NAME: Naomi Marie Kroner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Lawrence J Stadler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Influenza & Pulmonary Involvement — Interval Between Onset and Death: 5 days

48/X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1952, to Mar 6, 1952, that I last saw the deceased alive on Mar 3, 1952, and that death occurred at 7:20 m from the causes and on the date stated above.

SIGNATURE: Edward J Chenett (Degree or title) M.D. ADDRESS: Gambrills Md DATE SIGNED: 3-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: March 10-52
NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery
LOCATION (City, town, or county) (State): Ritchie Highway A A Co Md

DATE REC'D BY LOCAL REG.: 3/7/52
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Edward A Fink ADDRESS: 417 Crain Highway N E Glen Burnie Md

RECEIVED
MAR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY in this place: 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1816 Maryland Avenue

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) (Last) Stone
4. DATE OF DEATH: (Month) 3/13/52 (Day) (Year) 19

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 2/22/11
9. AGE last birthday: 41 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thompson Stone
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ***-**-***
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aplastic Anemia — known since 12/12/51

292.4

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Schizophrenia, Paranoid Type " "

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): none
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 12/12/51, 19 , to 3/13/52 , 19 , that I last saw the deceased alive on 3/13/52 , 19 , and that death occurred at 5:30 A. m., from the causes and on the date stated above.
SIGNATURE: Jacob Morgenstern M.D. (Degree or title)
ADDRESS: Crownsville, Md.
DATE SIGNED: 3/13/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): 4/3/52
DATE THEREOF: 4/3/52
NAME OF CEMETERY OR CREMATORY: Crownsville State Cem.
LOCATION (City, town, or county) (State): Crownsville, Md.

DATE REC'D BY LOCAL REG. 4/3/52
REGISTRAR'S SIGNATURE: Kirk Joyce
24. FUNERAL DIRECTOR: Jacob Morgenstern, M.D.
ADDRESS: Crownsville Md

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SPACE RESERVED FOR BINDING

RECEIVED
APR 10 [illegible]
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) Tea Neck Rd. ~~[illegible]~~

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Thomas

4. DATE OF DEATH (Month) 3 (Day) 16 (Year) 1952

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ?
8. DATE OF BIRTH
9. AGE last birthday 70? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY River Beach Way
11. BIRTHPLACE (State or foreign country) Calvert Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Howard M Humphery, Balto. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 to , 19 , that I last saw the deceased alive on Mar 16, 1952, and that death occurred at 2:16 P m., from the causes and on the date stated above

SIGNATURE [signature] (Degree or title) Med Exam. ADDRESS Annapolis Md DATE SIGNED 3/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 19. 1952
NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery
LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. March 19, 1952
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Wm. Reese. 108 W. Washington St. Annapolis, Maryland. ADDRESS

RECEIVED
3/20/

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) (Last) White
4. DATE OF DEATH (Month) (Day) (Year) 3/29/52 19

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 1876
9. AGE last birthday: 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Cooper
14. MOTHER'S MAIDEN NAME: Ellen White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ~~service~~)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis, known since 3/6/46

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Arteriosclerosis

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) none (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 3/6/46, 19....., to 3/29/52, 19....., that I last saw the deceased alive on 3/29/52, 19, and that death occurred at 8:15 P.M. m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS Crownsville, Md. DATE SIGNED 3/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 4/3/52
NAME OF CEMETERY OR CREMATORY: University Med School
LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 4/3/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNDERAL DIRECTOR: Frances J Hemsley 578 N Bond St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.... 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Laurel
LENGTH OF STAY (in this place) 22 years 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, DC; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D C
STREET ADDRESS (If rural, give location) 1336 Fairmont St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Elsie (Middle) J (Last) Wilson
4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1952

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single
8. DATE OF BIRTH: 12-7-1907
9. AGE last birthday: 45 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John B. Wilson
14. MOTHER'S MAIDEN NAME: Mattie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: O.T.S. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lung Abscess — Interval Between Onset and Death: 8 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Mental deficiency - imbecile — life

19a. DATE OF OPERATION: Aug 23 1951
19b. MAJOR FINDINGS OF OPERATION: Fracture - left hip
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY: Home, farm, factory, street, office bldg., etc. (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1946, to Mar. 21., 1952, that I last saw the deceased alive on Mar 20, 1952, and that death occurred at 4:25 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. Alston, MD. ADDRESS: District Training School Laurel MD DATE SIGNED: 3-21-52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 3/24/52. | NAME OF CEMETERY OR CREMATORY: Chestnut Grove Cem. | LOCATION (City, town, or county) (State): Leesburg VA.

DATE REC'D BY LOCAL REG.: Mar 2 - 52 | REGISTRAR'S SIGNATURE: Clara Laslup

24. FUNERAL DIRECTOR: Eugene Simmons. ADDRESS: Nichols Ave Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY: A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Annapolis Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: OHIO COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: AKRON
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) E (Last) WILSON
4. DATE OF DEATH: MAR (Month) (Day) 4 (Year) 1952
5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct 1, 1888
9. AGE last birthday: 63 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY: Goodyear Tire
11. BIRTHPLACE (State or foreign country): North CAROLINA
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: WILSON
14. MOTHER'S MAIDEN NAME: CORA Pierce
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 297-10-8902
17. INFORMANT AND ADDRESS: LAVINIA Shields R.D3. Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1 hr.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart Disease	3 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4-, 1952 to 3-4-, 1952, that I last saw the deceased alive on 3-4-, 1952, and that death occurred at 1 40 A m., from the causes and on the date stated above.

SIGNATURE: James R. Martin (Degree or title) M.D. ADDRESS: Annapolis Md. DATE SIGNED: 3-4-52

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF: 3/4/52
NAME OF CEMETERY OR CREMATORY: Greenlawn
LOCATION (City, town, or county): Akron (State): Ohio

DATE REC'D BY LOCAL REG.: 3/4/52
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Harry H. Wilcox ADDRESS: 4101 Edmondson Ave BAHO Md.

VS. A14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

02565

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stony Run

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
STREET ADDRESS (If rural, give location) Stony Run

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Thomas (Last) Winks
4. DATE OF DEATH (Month) Mch (Day) 9 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov 17 1871
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Fireman
10b. KIND OF BUSINESS OR INDUSTRY Pen RR
11. BIRTHPLACE (State or foreign country) Weaverton Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Wesley Winks
14. MOTHER'S MAIDEN NAME Anna D. Dickey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. ~~SOCIAL SECURITY No.~~ R.R.B. Claim # A 387668 M
17. INFORMANT AND ADDRESS Hilda Mae Myers (Daughter) R.F.D. #1 Hanover, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis	1 yr
	Decompensation	3 mo
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arteriosclerosis	5 yrs
	(c) Hypertension	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1946, to Mch 9, 1952, that I last saw the deceased alive on Mch 9, 1952, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr. B. Brumbaugh 5609 Main St Elkridge 27 Md 3/9/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/13/52
NAME OF CEMETERY OR CREMATORY Knoxville Cemetery
LOCATION (City, town, or county) (State) Knoxville, Maryland
DATE REC'D BY LOCAL REG. 3/10/52
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Wm. Cook, Inc. 1217 St. Paul St. ADDRESS

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

02566

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY A.A. CO. — MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville
STREET ADDRESS (If rural, give location) Benfield Rd.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Ann (Last) Wockenfuss

4. DATE OF DEATH: (Month) 3 (Day) 30 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) S

8. DATE OF BIRTH: MAR. 6. 1951

9. AGE last birthday: 1 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm E. Wockenfuss

14. MOTHER'S MAIDEN NAME: Jennie L. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Wockenfuss Benfield Rd. Millersville A.A.Co.Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Meningococcemia — 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 057.1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

[signature] MD. Annapolis, Maryland 3/30/52

23. BURIAL, CREMATION (REMOVAL, Specify): Burial — DATE THEREOF: 3/31/52 — NAME OF CEMETERY OR CREMATORY: Glen Haven — LOCATION (City, town, or county) (State): A. A. Co. Md.

DATE REC'D BY LOCAL REG. 3/31/52 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

DMK